

**San Bernardino County CSS WORK PLAN**  
**CSS Plan – 2005-06, 2006-07, 2007-08**

**Exhibit 4**

**Program Work Plan Name: Adult – Assertive Community Treatment (ACT) Team for High Utilizers of Hospital and Jail Services**

**Work Plan Number – A-3**

**Description of Program:**

This program will be modeled after San Bernardino Department of Behavioral Health's (DBH) successful ACT program, started in January of 2003. However, the target population will be different for the current program. Where the first ACT program was designed to assist clients transitioning from locked facilities (IMDs, state hospitals) and Augmented Board and Care facilities into the community and support their independent living, the current program is designed to provide community-based assertive case management and support, 24 hours a day, to 60 seriously and persistently mentally ill (SPMI) clients who are frequent users of acute psychiatric hospitalization and/or who are caught in the cycle of arrest for minor crimes - jailed - released - re-offend - jailed again, etc. Many of these clients are homeless and have co-occurring disorders.

The program will provide:

- Crisis response
- Peer support
- Clinical interventions by staff and consumers
- Psychiatric services
- Housing support
- Employment services and training

and will utilize the "whatever it takes" approach which typifies the ACT model of community services. Transitional housing, sober living, safe haven housing, and permanent housing will be provided as appropriate.

The goals of the program are to:

- Reduce homelessness in the county's mentally ill population
- Reduce frequency and length of incarceration (reduce recidivism)

- Reduce frequency and length of acute psychiatric hospitalization
- Increase clients' involvement in their recovery plans
- Increase clients' ability to find and hold meaningful employment
- Increase independent decision-making
- Provide our clients with a durable sense of hope about their futures

### Priority Population:

The program is designed to serve SPMI adults who are identified as high users of acute hospital services and/or who are cycling in and out of jail. This population is characterized by crisis-only contact with the mental health system, homelessness, co-occurring disorders, and minimal skills with which to manage their lives.

The number of clients projected to receive services annually under Full Service Partnerships is 60.

<b>Adults</b>	<b>Unserved, Underserved or Inappropriately Served</b>
African-American	18%
Asian-American	3%
Euro-American	34%
Latino	40%
Native-American	1%
Other	4%

### Strategies:

#	Name and Description	Fund Type			Budget		
		FSP	SD	OE	Expense	Revenue	Net CSS
	<ul style="list-style-type: none"> <li>• Provide community-based ACT-type aggressive case management and wrap-around services.</li> <li>• Services to be provided to consumers 24/7, ratio of consumers to staff will not exceed 15 to 1.</li> <li>• Services to include needed mental health interventions, aggressive case management</li> </ul>	X			\$864,227	\$59,209	\$805,018

	<p>and the full range of community-based services consistent with the Recovery Mode. (“Whatever it takes.”)</p> <ul style="list-style-type: none"> <li>• Services to be provided in partnership with families, Probation Dept., Parole Department private medical and psychiatric providers, and providers of acute care.</li> <li>• Services will include education and employment preparation, training and support.</li> <li>• Support for sober living, safe havens, transitional shelter, single room occupancy and permanent housing, as appropriate, will be included.</li> <li>• Case management services will include substance abuse interventions and will provide access to substance abuse services, including detox.</li> <li>• Psychiatric services will be provided by program staff.</li> </ul>						
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